

**FIREFIGHTERS' RETIREMENT PLAN
CITY OF ST. LOUIS**

CHANGE OF ADDRESS/PHONE

NAME: _____

SOCIAL SECURITY NUMBER: _____

OLD ADDRESS: _____
NUMBER STREET NAME CITY STATE ZIP

OLD TELEPHONE NUMBER: _____
AREA CODE NUMBER

NEW ADDRESS: _____
NUMBER STREET NAME CITY STATE ZIP

NEW TELEPHONE NUMBER: _____
AREA CODE NUMBER

RETIREE SIGNATURE: _____

DATE: _____

DO YOU HAVE DIRECT DEPOSIT? YES _____ NO _____

PLEASE RETURN FORM TO:

**Firefighters' Retirement Plan
1114 Market St., Room 900
St. Louis, MO 63101-2009
Ph: 314-622-3560 Fx: 314-436-7405**